Please type a	plus sign (+) inside this box	\rightarrow	+

required)

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Num	ber 00-053		
		First Named Inventor	GEORGEANN PIETERS		
		COMPLETE IF KNOWN			
		Application Number	∕To be assigned		
T-1		-		Filing Date	
☑ Declaration Submitted	OR	Ц	Declaration Submitted after Initial	Group Art Unit	To be assigned
with Initial Filing		Filing (surcharge (37 CFR 1.16 (e))		Examiner Name	To be assigned

As a below named inventor, I hereby declare that:									
My residence, mailing address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
JOHN COLL WA	COMPOSITE MATERIAL								
		(7	itle of the Invention)						
the specification of which									
			as I Inited S	States Application N	lumber or PCT !	nternational			
was filed on (MM/DD	MM)		as officed c	states Application i					
Application Number	·	7		~~ [(if	applicable).			
			, , , , , , , , , , , , , , , , , , , ,	,					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Applicat Number(s)	on	Country Foreign Filing D		Priority Not Claimed	Certified Cop YES	oy Attached? NO			
						,			
						占 1			
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s) Filing Date (MM/DD/YYYY)									
	· ibburgard indianal of			Additional provisional application numbers are listed on a					
			supplemental priority data sheet						
				PTO/SB	/02B attached he	ereto.			

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

+ + PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correctondence to:	stomer Num Bar Code La	1			OR X	Correspondence address below	
Name Henry E. Bartony, Jr.							
Address Suite 1801, L	Address Suite 1801, Law & Finance Building						
Address 429 Fourth Ave	429 Fourth Avenue						
city Pittsburgh				State F	PΑ	_{ZIP} 15219	
Country US	т	elephone	412/	338-8	3632	412/338-6611 Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:							
			1 100	ers			
Inventor's Signature Jumelle Lee's				Date Usil 23,2001			
Residence: City Parrish			State FL	.	Country US	Citizenship US	
Mailing Address 3406 Wilderness Boulevard East							
Mailing Address Mailing Address							
city Parrish	State FL			ZIP 34	1219	Country US	
NAME OF SECOND INVENTOR:				A petiti	on has been f	iled for this unsigned inventor	
Given Name (first and middle [if any])				Family N			
Inventor's Signature						Date	
Residence: City			State		Country	Citizenship	
Mailing Address							
Mailing Address							
	State			ZIP		Country	
City Additional inventors are being named	State on the	supplemer	ntal Additi		tor(s) sheet(s) P	TO/SB/02A attached hereto.	

•	
Please type a plus sign (+) inside this box	

PTO/SB/81 (10-00)

Approved for use through 10/31/2002, OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	TO BE ASSIGNED
Filing Date	
First Named Inventor	GEOREANN PIETERS
Group Art Unit	TO BE ASSIGNED
Examiner Name	TO BE ASSIGNED
Attorney Docket Number	00-053

I hereby appoin	nt:		Γ-		ا ٦	
Practition OR	ers at Customer Number			Place Customer Number Bar Code Label here		
	er(s) named below:			Lesoi HGI G		
	Name		Registration	n Number		
	Henry E. Bartony,	Jr.	34.77			
	ney(s) or agent(s) to prosec United States Patent and T			nd to transact all		
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR						
Firm or Individual Na	me					
Address						
Address						
City		Sta	e	Zip		
Country						
Telephone		Fax				
I am the:						
X Applicant	t/inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name		ORGEANN PIETERS				
Signature	George	Jun Lieves				
Date		Uril 23 200	2/			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
☑ *Total of1	forms are submitted.					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.